

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Non-Provisional

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form
(CRF)?::

Number of copies CRF::

Title:: COMPOSITIONS, METHODS AND
ASSAYS RELATED TO SECRETASE
CLEAVAGE SPECIFICITY

Attorney Docket Number:: UNI919/4-006US

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 8

Small Entity?:: YES

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship

Country:: US

Status:: Full Capacity

Given Name:: Thomas

Middle Name:: C.

Family Name:: Südhof

Name Suffix::

City of Residence::

State or Province of

Residence::

Country of Residence:: US

Street of mailing address::

City of mailing address::

State or Province of

mailing address::

Country of mailing

address:: US

Postal or Zip Code of
mailing address::

Applicant Authority Type:: Inventor

Primary Citizenship

Country:: US

Status:: Full Capacity

Given Name:: Qiming

Middle Name::

Family Name:: Li

Name Suffix::

City of Residence::

State or Province of
Residence::

Country of Residence:: US

Street of mailing address::

City of mailing address::

State or Province of
mailing address::

Country of mailing
address:: US

Postal or Zip Code of
mailing address::

Correspondenc Information

Correspondence Customer

Number:: 22892

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing
address::

Country of mailing address::

Postal or Zip Code of mailing
address::

Phone number::

Fax Number:

E-Mail address::

Representative Information

Representative Customer	22892	
Number::		

-OR-

Representative Designation::	Registration Number::	Representative Name::
Primary or Associate		

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: The University of Texas Southwestern
Medical Center

Street of mailing
address:: 5323 Harry Hines Blvd., Rm. NB2.200

City of mailing address:: Dallas

State or Province of
mailing address:: Texas

Country of mailing

address::

US

Postal or Zip Code of

mailing address::

75390-9094